

400270

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| BUREAU OF VITAL STATISTICS   |                           | ARIZONA STATE BOARD OF HEALTH  |   | STANDARD CERTIFICATE OF DEATH   |  |
|--|---------------------------|--|---|---|--|
| 1. PLACE OF DEATH  |                           |  |   | State File No. <u>2551</u>  |  |
| County <u>Maricopa</u> State _____   |                           |  |   | Registered No. <u>836</u>   |  |
| District or Township _____ or Village _____  |                           |  |   |   |  |
| City <u>Phoenix</u> No. <u>609 S. 2nd St.</u> St. _____ Ward _____   |                           |  |   | (If death occurred in a hospital or institution, give its NAME instead of street and number). |  |
| 2. FULL NAME <u>Josephine Clayton</u>  |                           |  |   |   |  |
| (a) Residence, No. <u>609 S. 2nd, St.</u> St. _____ Ward _____   |                           |  |   |   |  |
| (Usual place of abode)   |                           |  |   |   |  |
| Length of residence in city or town where death occurred <u>6</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.   |                           |  |   |   |  |
| PERSONAL AND STATISTICAL PARTICULARS   |                           |  | MEDICAL CERTIFICATE OF DEATH  |   |  |
| 3. SEX <u>F</u>  | 4. COLOR or RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u> | 16. DATE OF DEATH <u>June 23</u> 19 <u>27</u><br>Month Day Year   |   |  |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>Charles A. Clayton</u>   |                           |  | 17. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 1, 1924</u> to <u>June 23, 1927</u><br>that I last saw her alive on <u>June 23, 1927</u> ,<br>and that death occurred, on the date stated above, at <u>4 P.</u> m.<br>The CAUSE OF DEATH* was as follows:<br><u>Tuberculosis Pulmonalis</u>  |   |  |
| 6. DATE OF BIRTH (month, day and year) <u>April 1, 1888</u>  |                           |  |   |   |  |
| 7. AGE Years <u>39</u>   | Months <u>2</u>           | Days <u>22</u>   | IF LESS than 1 day _____ hrs. or _____ min.   |   |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Housewife</u><br>(b) General nature of industry, business or establishment in which employed (or employer) _____<br>(c) Name of employer _____ |                           |  | 18. (duration) <u>3</u> yrs. mos. ds.<br>CONTRIBUTORY <u>Asthma</u><br>(Secondary)<br>(duration) <u>5</u> yrs. mos. ds.   |   |  |
| 9. BIRTHPLACE (city or town) <u>Cincinnati</u><br>(State or country) <u>Ohio</u>   |                           |  | 19. Where was disease contracted <u>Southern Ariz.</u><br>If not at place of death? <u>no</u><br>Did an operation precede death? <u>no</u> Date of _____<br>Was there an autopsy? <u>no</u><br>What test confirmed diagnosis? <u>X Ray + Clinical</u><br>(Signed) <u>J. S. Montcal</u> , M. D.<br>June <u>25</u> 19 <u>27</u> (Address) <u>Phoenix.</u> |   |  |
| 10. NAME OF FATHER <u>H. C. Gray</u>   |                           |  |   |   |  |
| 11. BIRTHPLACE OF FATHER _____ (city or town)<br>(State or country) <u>Unknown</u>   |                           |  |   |   |  |
| 12. MAIDEN NAME OF MOTHER <u>Unknown</u>   |                           |  |   |   |  |
| 13. BIRTHPLACE OF MOTHER _____ (city or town)<br>(State or country) <u>Unknown</u>   |                           |  |   |   |  |
| 14. Informant <u>Charles A. Clayton</u><br>(Address) <u>609 S. 2nd St. Phoenix</u>   |                           |  | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn Cemetery</u> DATE OF BURIAL <u>June 25, 1927</u>   |   |  |
| 15. Filed <u>6-28-27</u> <u>M. O. Lynch</u> Registrar  |                           |  | 20. UNDERTAKER <u>ACTON-MANSFIELD CO.</u> ADDRESS <u>334 W. MONROE ST.</u>  |   |  |